PTO/SB/06 (05-03)
Approved for use through 4/50/2003, GMB 0551-0032
U.S. Patient and Treatement Office; U.S. DEPARTMENT OF COMMERCE

Under the Personner's Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a welld OMD control number. Application or Godbut Humb PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Catuma 2) FOR NUMBER FILED NUMBER EXTRA RATE FFE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS minus 20 = (37 CFR 1.18(ci) ΩR SUDEPENDENT CLASSES (37 CFR 1.18(b)) entrum 20 = OR MULTIPLE DEPENDENT CLAIM PRESENT Q7 CFR 1.16(d) • • • OŖ * If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II** Ġ. OTHER THAN OR (Cotumn 2) (Cotumn 3) SMALL ENTITY (Cotumn 1) SMALL ENTITY CLASKS HIGHEST REMARING NIMBER PRESENT RATE ADD; RATE ADDS AFTER PREVIOUSLY EXTRA TIONAL ENDMENT TIONAL MENDMENT PAID FOR FEE FEE æ Minus Total CD CFR 1.96(4) 20 X S OR X S Independent per CFR 1.16(td) X S OR X S FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1.16(d)) ++ OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE 30/05 (Column 1) (Column 2) (Cotumn 3) HIGHEST CLABAS Ad with 0 PRESENT ADDI: REMAINING MUMPER RATE ADDL RATE : ---EXTRA EZ AFTER PREVIOUSLY TIONAL TIONAL. MENDMENT PAID FOR SEE: 20 Total (SF CFR LNG(c)) IENDMI بر رجعتن X'S OR Independent Minus 2 -4 ĠŔ FIRST FRESENTATION OF MULTIPLE DEPENDENT CLAIM (97 CFR 1.15(6)) +5 OR *3 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT RATE REMAINING MILLER RATE ADDL ADDL PREVIOUSLY EXTRA TIONAL AFTER TIONAL NOMENT ; 21. ::-AMENDMENT FEE ____ PAID FOR Total (ED OFFI 1,145(4) Minus X 3 OR Minus Independent X S OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR TOTAL TOTAL ADD'L FEE ΩŔ ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highestationhor Proposition from

"If the entry in column 1 is less than the entry in column 2, write "U in column 3."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.